

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

[illegible]

| | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|----------|---|--------------------------------|--|--|--|--|--|--|
| Installation's EPA ID Number | | | | | | | | | | | | Approved | | Date Received (yr. mo. day) | | | | | | |
| C | | | | | | | | | | | | T/A | C | | | | | | | |
| F | | | | | | | | | | | | | 1 | | | | | | | |
| Name of Installation | | | | | | | | | | | | | | | | | | | | |

| | |
|-------------------------|--|
| 1. Name of Installation | |
|-------------------------|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|---|---|---|---|--|---|--|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|
| V | A | N | | W | A | T | E | R | S | | & | | R | O | G | E | R | S | -- | C | O | L | U | M | B | U | S |
| II. Installation Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |

II. Installation Mailing Address

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|--------------------|---|---|---|---|---|---|--|---|---|---|---|---|---|---|-------|---|----------|---|---|---|---|---|---|---|
| c | | Street or P.O. Box | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | 7 | 9 | 5 | E | a | s | t | | M | o | l | a | r | R | o | a | d | | | | | | | | |
| c | | City or Town | | | | | | | | | | | | | | | State | | ZIP Code | | | | | | | |
| 4 | C | o | l | u | m | b | u | s | | | | | | | | | | | | | | | | | | |
| III. Location of Installation | | | | | | | | | | | | | | | | | | | | O | H | 4 | 3 | 2 | 0 | 7 |

III. Location of Installation

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|-------|----|----------|-------|--|--|--|
| c | | Street or Route Number | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | 1 | 7 | 9 | 5 | E | a | s | t | M | o | l | a | r | R | o | a | d | | | | | | | | | | |
| c | | City or Town | | | | | | | | | | | | | | | | | | | | State | | Zip Code | | | | |
| 6 | | C | o | l | u | m | b | u | s | | | | | | | | | | | | | | | | | | | |
| IV. Installation Contact | | | | | | | | | | | | | | | | | | | | | | | OH | | 43207 | | | |

IV. Installation Contact

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|-------------------------------------|--|---|---|----|---|---|---|---|---|---|---|---|---|---|
| Name and Title (last, first, and job title) | | | | | | | | | | | | | | | Phone Number (area code and number) | | | | | | | | | | | | | | |
| 2 | P | a | r | r | i | s | h | | | S | t | e | v | e | | | M | G | R. | 6 | 1 | 4 | 4 | 4 | 3 | 7 | 6 | 2 | 8 |
| V. Ownership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

V. Ownership

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--|--|--|--|
| A. Name of Installation's Legal Owner | | | | | | | | | | | | | | | B. Type of Ownership (enter code) | | | | | | | | | |
| C | | | | | | | | | | | | | | | To be a subsidiary of | | | | | | | | | |
| R | D | S | W | , | | | | | | | | | | | Univar Corporation | | | | | | | | | |
| VI. Type of Regulated Waste Analysis (M, A, H, etc.) | | | | | | | | | | | | | | | P | | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) | | | | | | | | | |
| A. Hazardous Waste Activity | | | | | | | | | |

| A. Hazardous Waste Activity | | B. Used Oil/Fuel Activities | |
|---|---|---|--|
| <input checked="" type="checkbox"/> 1a. Generator | <input type="checkbox"/> 1b. Less than 1,000 kg/mo. | <input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below) | <div> <div>123456789</div> <div>OCT 01 1986</div> <div>UNITED STATES</div> <div>U.S. EPA REGION V</div> </div> |
| <input checked="" type="checkbox"/> 2. Transporter | | <input type="checkbox"/> a. Generator Marketing to Burner | |
| <input type="checkbox"/> 3. Treater/Storer/Disposer | | <input type="checkbox"/> b. Other Marketer | |
| <input type="checkbox"/> 4. Underground Injection | | <input type="checkbox"/> c. Burner | |
| <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below) | | <input type="checkbox"/> 7. Specification Used Oil Fuel Marketing to Burner Who First Claims the Oil Meets the Specification | |
| <input type="checkbox"/> a. Generator Marketing to Burner | | | |
| <input type="checkbox"/> b. Other Marketer | | | |
| <input type="checkbox"/> c. Burner | | | |

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

| | |
|--|---|
| <input type="checkbox"/> A. Utility Boiler | <input type="checkbox"/> B. Industrial Boiler |
|--|---|

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete.

| | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|-------|
| ID — For Official Use Only | | | | | | | | | |
| C | | | | | | | | | |
| W | | | | | | | | | |
| | | | | | | | | | T/A C |
| | | | | | | | | | 1 |

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 31 | 32 | 33 | 34 | 35 | 36 |
| U 1 5 4 | U 2 2 0 | U 2 3 9 | U 2 1 0 | U 2 2 6 | U 2 2 8 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable (D001)

☒ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Mark Hooper

Name and Official Title (type or print)

MARK HOOPER, PRESIDENT

Date Signed

SEPT. 22, 1986

VAN WATERS AND ROGERS (OHD 039 991 690)

The Van Waters and Rogers facility is located at 17855 East Molar Road in Columbus, Ohio. The facility submitted a permit application, but it was not approved. The application was withdrawn in late 1984 or early 1985. The facility was active as of late 1990, and is considered to be a "transporter" and "nonhandler." Solvents are known to be handled by the facility. The quantity of waste potentially affecting the groundwater, surface water, and air routes is unknown, but likely to be small. The facility was scored from limited information obtained through telephone conversations with OEPA contacts.

No observed release was scored for the groundwater route. Containment was considered good. The quality of the groundwater is known to be impacted within 1/2 mile of the facility.

The surface water route score reflects the fact that the facility has had no observed releases or permitted discharges. The Scioto River is about 2 miles from the facility and used for recreational purposes. Containment was assumed to be good.

No observed, unpermitted, ongoing release was scored for the air route. Contaminants can migrate to the air, and containment was only scored as "good" because wastes are handled outdoors. Residential areas are located within 1/4 mile of the facility.

No observed release was scored for the on-site soils route. Access to the facility was assumed to be restricted. Containment was assumed to be good. No on-site sensitive environments exist at the facility.

References:

OEPA. 1991. Telephone Conversation Between Lundy Alsburger and Bob Geiger, PRC. December 18.

OEPA. 1991. Telephone Conversation Between Steve Brath and Bob Geiger, PRC. December 17.



Event List



VAN WATERS AND ROGERS COLUMBUS

COLUMBUS

OHD039991690

[Add New Event](#) [Show All Authorities](#) [Show All Areas](#)

4 Event(s) found.

| | | | | | | | | | | Go To | | |
|-------------------|---------|------------|-----------------|----------------|-----------------|------|---|----------------------------|----------------------------------|-------|----------------------------|--|
| Events | | | | | | | | Authorities | | Areas | | |
| Seq. | Act Loc | Event Code | Sched Date Orig | Sched Date New | Actual Date | Agcy | Description | Count | | Count | | |
| 1 | OH | CA001 | | | 07/01/2006 | S | ADDITIONAL INFORMATION NECESSARY [CATEGORY B] - INITIAL LOAD | 1 | Show Authorities | 1 | Show Areas | |
| 1 | OH | CA075LO | | | 12/31/1991 | E | CA PRIORITIZATION-LOW CA PRIORITY | No authorities were found. | | 1 | Show Areas | |
| <div>Delete</div> | | | Area Seq | | Area Name | | | | | | | |
| | | | 1 | | ENTIRE FACILITY | | | | | | | |
| 1 | OH | CA050 | | | 12/23/1991 | E | RFA COMPLETED | No authorities were found. | | 1 | Show Areas | |
| 1 | OH | CA070YE | | | 12/23/1991 | E | DETERMINATION OF NEED FOR AN INVESTIGATION-INVESTIGATION IS NECESSARY | No authorities were found. | | 1 | Show Areas | |

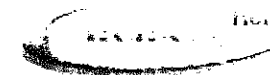
URL: /rcrainfo/ca/CA_event_list_areas.jsp

per
George
Hampden
7/20/10

No RA/VS I was ever conducted



Event List



VAN WATERS AND ROGERS COLUMBUS

COLUMBUS

OHD039991690

[Add New Event](#) [Show All Authorities](#) [Show All Areas](#)

3 Event(s) found.

| | |
|--|-------|
| | Go To |
|--|-------|

| Events | | | | | | | | Authorities | | Areas | |
|--------|---------|-------------------------|-----------------|----------------|-------------|------|---|----------------------------|------------------|-------|------------|
| Seq. | Act Loc | Event Code | Sched Date Orig | Sched Date New | Actual Date | Agcy | Description | Count | | Count | |
| 1 | OH | CA001 | | | 07/01/2006 | S | ADDITIONAL INFORMATION NECESSARY [CATEGORY B] - INITIAL LOAD | 1 | Show Authorities | 1 | Show Areas |
| 1 | OH | CA075LO | | | 12/31/1991 | E | CA PRIORITIZATION-LOW CA PRIORITY | No authorities were found. | | 1 | Show Areas |
| 1 | OH | CA070NQ | | | 12/23/1991 | E | DETERMINATION OF NEED FOR AN INVESTIGATION-INVESTIGATION IS NOT NECESSARY | 1 | Show Authorities | 1 | Show Areas |

URL: /rcrainfo/ca/CA_event_list.jsp

RECEIVED

MAR 14 1986

SWD - AIS
U.S. EPA, REGION V

McKesson

February 28, 1986

RECEIVED

MAR 14 1986

SOLID WASTE BRANCH
U.S. EPA, REGION V

Mr. D. A. Stringham
U.S. EPA, Region V
230 South Dearborn Street
Chicago, IL 60604

RE: McKesson Chemical Facility
1795 East Moler Road
Columbus, OH 43207
OHD039991690

Dear Mr. Stringham:

This will acknowledge receipt of the information request directed to our facility located at the subject address.

We are presently reviewing our RCRA files on this subject and compiling information requested in your letter. Since we have many locations in different areas of the country, it is important to us to develop a consistent approach to these information requests.

Accordingly, we request that the response deadline for this request be extended by 30 days.

Thank you for your cooperation.

Very truly yours,

McKESSON CHEMICAL COMPANY



Robert D. Hickman
Regional Compliance Manager

RDH:be

*Verbally answered
(per J. Mayhew)*

McKesson

September 30, 1985

RECEIVED

OCT 4 1985

SWB - AIS
U.S. EPA, REGION V

Ms. Lisa Pierard
USEPA Region V
P.O. Box A-3587
Chicago, Illinois 60690

Re: McKesson Chemical Company
Dayton, Ohio
I.D. No. OHD000780338

Dear Ms. Pierard:

In accordance with your request, enclosed please find a copy of my letter of March 25, 1985, countersigned by an executive of our company.

Sincerely,

Donald Black

Donald M. Black
Regulatory Compliance Manager

Enclosure

DMB:gms



Serving the Nation
Since 1833

McKesson

March 25, 1985

Regional Administrator
USEPA Region V
230 South Dearborn Street
Chicago, Illinois 60604

RE: McKesson Chemical Company
Dayton, Ohio
I.D. No. OHD000780338

Dear Sir:

For the record, please be advised that McKesson Chemical Company is closing the reference facility. It has been registered as a generator of hazardous waste, but has been inactive in that respect and has never stored hazardous waste. We believe no closure procedure is in order.

Thank you .

Sincerely,



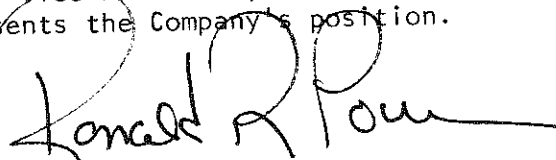
Donald M. Black
Regulatory Compliance Manager

CC: Manager McKesson Dayton
Director, Ohio EPA

DMB:em

TO REGION V, USEPA:

As A McKesson Chemical Company Vice President, I confirm that the above is accurate and represents the Company's position.



Ronald R. Powell
Regional Vice-President

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE |
|-------------------------|------|
| POUNDS..... | P |
| TONS..... | T |

| METRIC UNIT OF MEASURE | CODE |
|------------------------|------|
| KILOGRAMS..... | K |
| METRIC TONS..... | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARDOUS WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

cc: Marie Oliver, PMS
Part A File

SHS/Pierard:vw

7/1/86

Disk #2

SHS-13

Robert D. Hickman
Regional Regulatory Manager
McKesson Chemical Company
600 Hunter Drive
Oak Brook, Illinois 60521

RE: McKesson Chemical Company
Columbus, Ohio
(44) 039591690

Dear Mr. Hickman:

In response to your letter dated June 23, 1985, we are reinstating your United States Environmental Protection Agency (U.S. EPA) identification number as a generator/transporter. Your U.S. EPA identification number was deactivated in response to a request dated March 25, 1985 and September 30, 1985 to close the above facility. These letters also stated that the generator status had been inactive. We hope that the confusion regarding your identification number status has not posed any problems in trying to dispose of any wastes that were generated at your facility.

Please contact me at (312) 400-0556, if you have any questions or require any further assistance.

Sincerely,

Lisa A. Pierard
Environmental Scientist

Enclosure

| | | | | | | | | | |
|------|-------------------|------------------|-------------|-----|-------|-----|-----|-----|-----|
| cc: | TPD | AUTH. | IN. | ML. | SW/SC | DL. | IPS | WMB | WMD |
| | Tom Crossen, DEPT | Steve Rath, DEPT | IN. | ML. | SW/SC | DL. | IPS | WMB | WMD |
| bcc: | VW | FAE | STAVEN, PMS | | | | | | |
| DATE | 7/1/86 | Part A File | | | | | | | |

SHS/Pierard:vw

7/1/86

Disk #2

McKesson

June 23, 1986

Ms. Lisa Pierard
U. S. EPA, Region V
230 South Dearborn Street
Chicago, IL 60604

RE: McKesson Chemical Company
Columbus, Ohio
OHD039991690

Dear Ms. Pierard:

This will confirm our telephone conversation today regarding the inadvertent termination of our U. S. EPA I.D. number at referenced facility.

Please reinstate our number, indicating our status as a generator and transporter; only our storage status was terminated.

Thank you for your cooperation. Please acknowledge acceptance of this request by signing below and returning a copy to me to complete my file.

Very truly yours,

McKESSON CHEMICAL COMPANY

R. Hickman
Robert D. Hickman
Regional Regulatory Manager

RDH:be

ACCEPTED: Lisa Pierard
DATE 6-30-86

COPIES TO: D. M. Black
B. D. Biehl
J. Cain
File

DPY 2

RECEIVED

JUN 24 1986

SOLID WASTE BRANCH
U.S. EPA, REGION V

RECEIVED

JUN 25 1986

U.S. EPA, REGION V



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5

230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

Attn: Steve Parrish
Van Waters & Rogers
1795 East Molar RD
Columbus OH 43207

APR 23 1986

REPLY TO THE ATTENTION OF:
RCRA ACTIVITIES

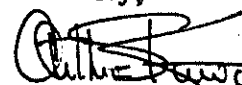
RE: EPA ID #: QHD 039 991 690

In response to your request of 10-1-86 the following information

has been updated: change of ownership McKesson Chemical
name to Van Waters & Rogers
ownership to Univar Corp
installation contact to Steve Parrish
Waste Code per notification

If you have any questions, please contact Sharon Kiddon at (312) 886-6173.

Sincerely,


Arthur S. Kawatachi
Information Unit
Program Management Section

cc: State Agency
File ✓

RECEIVED

APR 14 1986

SOLID WASTE DIVISION
U.S. EPA, REGION V

McKesson

March 27, 1986

AS

Mr. D. A. Stringham
U. S. EPA, Region V
230 South Dearborn Street
Chicago, IL 60604

RE: McKesson Chemical Company
1795 East Moler Road
Columbus, OH 43207
#OHD039991690

RECEIVED
APR 14 1986
SOLID WASTE DIVISION
U.S. EPA, REGION V

Dear Mr. Stringham:

Referencing your letter regarding the possibility of prior or current releases of hazardous waste or constituents at this facility,

This facility has withdrawn from interim status and is not seeking a permit.

Accordingly, while we have no knowledge of releases of hazardous waste or constituents from solid waste management units, we do not believe that Section 3004(u) applies to this facility.

Very truly yours,

McKESSON CHEMICAL COMPANY

Ronald R. Powell

Ronald R. Powell
Regional Vice President

RRP:be